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SYNDROMIC CASE MANAGEMENT OF RTIs

Advantages, Limitations, Optimization

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CLASSIFICATION OF RTIs

- **STDs**
- **Non-STDs - infections which result from an over growth of normal vaginal flora e.g bacterial vaginosis & yeast infections**
- **Iatrogenic**

ESTIMATES OF NEW CASES OF STDs PER YEAR (1995)

DISEASE

- **Gonorrhoea**
- **Chlamydia**
- **Syphilis**
- **Chancroid**
- **Trichomoniasis**

NEW CASES

- **62 million**
- **89 million**
- **12 million**
- **7 million**
- **170 million**

- **TOTAL**
- **340 million**

• *source: UNAIDS; 1997*

ESTIMATES OF NEW CASES OF STDs PER YEAR (1995) IN MILLIONS

<u>REGION</u>	<u>NEW CASES</u>
• NORTH AMERICA	14
• LATIN AMERICA & CARIBBEAN	36
• WESTERN EUROPE	16
• E. EUROPE & C. ASIA	18
• EAST ASIA & PACIFIC	23
• SOUTH & S.E. ASIA	150
• AUSTRALASIA	1
• N.AFRICA & MIDDLE EAST	10
• SUBSAHARAN AFRICA	65

(source: UNAIDS; 1997)

FAILURE TO CONTROL STDs: PROGRAMME LEVEL

- **Low priority by policy makers & planners**
 - percieved discreditable behaviour
 - failure to associate with complications
 - failure to recognize size of problem
- **Service delivery thru specialized STD clinics**
- **Treatment strategy focus on (unrealistic) definitive Dx vs (practical) decision-making**
- **Ineffective low-cost antibiotics - antimicrobial resistance**
- **Little emphasis on prevention/education**

FAILURE TO CONTROL STDs: INDIVIDUAL LEVEL

- **Asymptomatic infections**

Men 30%

Women 70%

- **Unawareness e.g vaginal discharge**

- **Willingness to seek care**

fail to recognise seriousness

embarrassment/stigma

access to treatment

cost of treatment

MANGEMENT LEVELS OF RTI/STD

- **Syndromic management**
- **Syndromic plus clinical management**
- **Syndromic plus clinical management & limited laboratory tests**
- **Clinical plus laboratory tests (etiological diagnosis)**

SYNDROMIC CASE MANAGEMENT

- **Is based on identifying consistent groups of symptoms and signs which constitute a definite ‘syndrome’.**
- **Syndromic case management algorithms/flowcharts are then used to guide the treatment.**

IMPORTANT REQUIREMENTS

- **Knowledge of most common causative organisms for each syndrome**
- **choice of anti-microbial treatment:**
 - Broad spectrum
 - high efficacy (95%)
 - single dose (preferably)
 - low cost
 - long shelf life
- **Anti-microbial resistance pattern**
- **Partner notification & counselling**
- **Referral for complicated cases**

RISK ASSESSMENT

- **“A set of carefully designed questions to elicit salient features about the individual’s sexual life that would indicate the probability of that individual having STD”**

RTI/STD SYNDROMES

- **Urethral discharge**
- **Genital ulcer**
- **Vaginal discharge**
- **Lower abdominal pain**

- **Scrotal swelling**
- **Eye infection in the New born**

Recommended Treatment Regimens

- **Neisseria Gonorrhoeae:**

Single dose: cefixime- 400 mg p.o.

ciprofloxacin- 500 mg p.o.

ceftriaxone- 250 mg i.m.

spectinomycin-2 g i.m

kanamycin- 2g i.m.

Multiple dose: co-trimoxazole 10 tabs/d/3days

(trimethoprim 80mg/sulfamethoxazole 400mg)

Treatment Regimens

- **Chlamydia Trachomatis:**

Single dose: - azithromycin-1g. P.o.

Multiple dose:

-doxycycline-100mg. P.o., 2x/d x7 days

-tetracycline- 500mg. P.o., 4x/d x7 days

-erythromycin-500mg. P.o., 4x/d x7 days

-sulfafurazole-500mg. P.o., 4x/d x10 days

Treatment Regimens

- **Syphilis - Treponema Pallidum:**

Single dose:

-benzathine penicillin G-2.4mU i.m.; in 2 injcs. same day

Multiple dose:

-aq. Benz.pen. 1.2 mU i.m/d x 10 days

-doxycyclin 100mg p.o., 2x/d x15 days

-tetracyclin 500mg p .o., 4x/d x 15 days

-erythromycin 500mg p.o. 4x/d x 15 days

Treatment Regimens

- **Chancroid - *Haemophilus ducreyi*:**

Single dose: ciprofloxacin- 500 mg p.o.

ceftriaxone- 250 mg i.m.

Multiple dose:

erythromycin- 500mg p.o., 4x/d x 7 days

co-tromoxazole, 2 tabs. 2x/d x 7 days

Treatment Regimens

- **Bacterial Vaginosis / Trichomoniasis:**

Metronidazole

Single dose: 2 g p.o.

Multiple dose: 400-500 mg p.o., 2x/d x 7days

Treatment Regimens

- **Candida Albicans:**

Single dose:

-clotrimazole- 500mg inserted in vagina

Multiple dose:

-clotrimazole or miconazole- 200mg vaginal pessary, 1/d x 3 days

-nystatin-100 000U vaginal pessary, 1/d x 14ds

Topical antifungal cream

STD Diagnosis

The future:

- **Liquid based cytology**
- **Dipsticks-chromatography**

INTERRELATIONSHIP OF STD / HIV/AIDS / Cx Ca

- **Common risk factors - Prevention**
- **Common target audience**
- **Health services**
- **STDs facilitate HIV transmission**
- **STDs(HPV) - major cause of CxCa**
- **STD/HIV facilitate malignant transformation in cervical lesions**
- **HIV/AIDS-Cervical lesions progress faster, resistant to treatment**

COMMON RISK FACTORS FOR STD/HIV/CxCa

- **Lack of information**
- **Sexual behaviour**
 - Early onset
 - No of partners
- **Smoking**
- **Malnutrition**
- **Socio-economic factors**
- **Contraceptive method**

STATE OF THE ART-STD

- **IEC**
- **STD surveillance programmes**
- **Management: Tx, counselling esp. adolescents, contact tracing**
- **Barrier contraception esp. amongst adolescents**
- **Syndromic Management**
- **Anti-microbial surveillance**

SYNDROMIC MANAGEMENT- Advantages

- **Facilitate detection of STDs in resource constrained areas**
- **Control common STDs, prevent sequelae (?80%)**
 - **HOWEVER!**

Limitations

- **STD prevalence trends
(Europe, S.E.A, W.P.)**
- **the ideal antibiotic / antimicrobial
resistance**
- **professional motivation**

Optimization

- **True statistics - STD prevalence & surveillance**
- **Laboratory diagnostic facilities - albeit limited**
- **Antibiotic susceptibility surveillance**
- **Integrated programmes**